## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 08, 2004

Application or Docket Number

10 158 5520

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)                          |  |  |   |                      |                               |                               |   | SMALL ENT<br>TYPE | ITY                    | OTHER THAN<br>OR SMALL ENTITY |                            |                        |
|--|--|--|---|----------------------|-------------------------------|-------------------------------|---|-------------------|------------------------|-------------------------------|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES   |  |  | (Column 1)  |                      |                               | (Column 2)                    |   | RATE              | FEE                    |                               | RATE                       | FEE                    |
|  | C FEE  |  | SMALL ENT. = \$ 150   |                      | LARGI                         | E ENT. = \$ 300               |   | BASIC FEE         | \$150                  | OR                            | BASIC FEE                  | \$300                  |
|  | MINATION FEE                                   |  | Satisfies PCT Article 33(1)-  |                      |                               | er situations =               |   | EXAM. FEE         | \$100                  |                               | EXAM. FEE                  | \$200                  |
|  | RCH FEE  |  | (4) = \$50 / \$100<br>U.S. is ISA = \$50 / \$100<br>ALL other countries = |                      | ALL oth                       | ner situations = 250 / \$ 500 |   | SEARCH FEE        | \$200                  |                               | SEARCH FEE                 | \$400                  |
|  | FOR EVERA SI                                   | DEC DOS  | \$ 200 / \$ 400<br>minus 100 =  |                      |                               | / 50 =                        |   | X \$ 125 =        |                        |                               | X \$ 250 =                 |                        |
|  | FOR EXTRA SI                                   |  |   |                      | - · ·                         | 730-                          |   | X \$ 25 =         |                        | OR                            | X \$ 50 =                  |                        |
| TOTA   | AL CHARGEAB                                    | BLE CLAIMS   | 15 minus 20 =   |                      |                               | · -                           |   |                   |                        |                               |                            |                        |
| INDE   | PENDENT CLA                                    | AIMS   | 4 min   | us 3 =               | *                             | <u> </u>                      |   | X \$ 100 =        |                        | OR                            | X \$ 200 =                 | 200                    |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |  |   |                      |                               |                               |   | + \$ 180 =        | ·                      | OR                            | + \$ 360 =                 | 143                    |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |   |                      |                               |                               |   | TOTAL             |                        | OR                            | TOTAL                      | 1/00                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |  |   |                      |                               |                               |   | SMALL ENTITY      |                        |                               | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A  |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT                      |   | HIGH<br>NUM<br>PREVI |                               | PRESENT<br>EXTRA              |   | RATE              | ADDI-<br>TIONAL<br>FEE |                               | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus   | **                   |                               | =                             |   | X \$ 25 =         |                        | OR                            | X \$ 50 =                  |                        |
|  | Independent                                    | *  | Minus   | ***                  |                               | =                             |   | X \$ 100 =        |                        | OR                            | X \$ 200 =                 |                        |
| ^  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |                      |                               |                               |   | + \$ 180 =        |                        | OR                            | + \$ 360 =                 |                        |
|  |  | <del></del>  | <del></del>   | _                    |                               |                               | 1 | TOTAL ADDIT.      |                        | OR                            | TOTAL ADDIT.<br>FEE        |                        |
| (Column 1) (Column 2) (Column 3)   |  |  |   |                      |                               |                               |   |                   |                        |                               |                            |                        |
| OMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                            |   | NUM<br>PREVI         | HEST<br>MBER<br>OUSLY<br>OFOR | PRESENT<br>EXTRA              |   | RATE              | ADDI-<br>TIONAL<br>FEE |                               | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus   | **                   |                               | =                             |   | X \$ 25 =         |                        | OR                            | X \$ 50 =                  |                        |
| AMENDM   | Independent                                    | *  | Minus   | ***                  |                               | =                             |   | X \$ 100 =        |                        | OR                            | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |                      |                               |                               |   | + \$ 180 =        |                        | OR                            |                            |                        |
|  | ·  |  |   |                      |                               |                               |   | TOTAL ADDIT.      |                        | OR                            | TOTAL ADDIT.               | <u> </u>               |
| * **   | If the "Highest N                              | iumn 1 is less than tl<br>umber Previously Pr<br>umber Previously Pr | aid For" IN THIS S  | PACE is le           | ess than '2                   | 20', enter "20".              |   |                   |                        |                               |                            |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.